DOCUMENT RESUME

ED 157 292 EC 111 777

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TITLE Observations on Integration and Mainstreaming in Three Different Cultures.
PUB DATE Jun 78
NOTE 10p.; Paper presented at the World Congress on Future Special Education (First, Stirling, Scotland, June 25 - July 1, 1978)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Comparative Education; *Educational Research; Elementary Secondary Education; *Foreign Countries; *Handicapped Children; *International Educational Exchange; *Mainstreaming

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OBSERVATIONS ON INTEGRATION AND MAINSTREAMING IN THREE DIFFERENT CULTURES

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Presentation at First World Congress on Future Special Education, sponsored by Council for Exceptional Children, Stirling, Scotland, June 28, 1978.

ABSTRACT

During a sabbatical leave in 1977-78, teacher training and available services for mainstreaming special education students were investigated in Latin America (Costa Rica and Honduras), Israel, and the West Bank. Comparisons were made with existing programs in Vermont, and workshop training and consultation were provided. Findings indicated prevalence of categorical special education and little, if any, mainstreaming or "education in the least restrictive environment", as conceived under P.L. 94-142.

Implementation of Public Law 94-142 (the Education for all Handicapped Children Act) in the United States coincided with the start of a sabbatical leave in the fall of 1977. There was a natural curiosity about what might be happening in other countries in regard to "mainstreaming" and "education in the least restrictive environment", special education concepts practiced in Vermont for almost a decade in the University of Vermont graduate training program for consulting teachers.

It came as little surprise that "special education" in most other places dealt with categories: the mentally retarded, mentally ill, emotionally disturbed, brain-injured, physically handicapped, cerebral palsied, blind and partially sighted, deaf and hearing-impaired, hospitalized and homebound, and so forth. Accordingly, funding patterns included mainly special classes, special schools, and institutions to accomodate the above-mentioned groups, and training of personnel was geared in large part to the categories and settings. Little if any attention appeared to be devoted to the larger group of children in regular classes experiencing difficulties in learning, for whatever reason. It was teacher training for this group of children, often labeled "learning disabled" and "mildly retarded", and services available to this population, which were the areas of exploration planned for the sabbatical year activities.

Dispelling the myth of "banana republic" and "primitive life" as far as Costa Rica is concerned, it can be said at the outset that where there is dynamic leadership, good things do happen. In Costa Rica there is that leadership in special education--from Marlene Rodriguez, Director of Special Education for the Ministry of Public Education, and, more recently, from Rodrigo Sanchez Ruphuy, Director of the Latin American Center of the International Rehabilitation and Special Education Network (IRSEN). There are diagnostic centers, dental clinics, integrated classes for the mildly retarded in regular schools, language therapists working in regular schools to provide individualized programs for deficit students, as well as other types of support services--all under the framework of special education.

Initial activities with the faculty at the National University of Costa Rica, as they began planning a so-called "summer school" (November, December and January) for teachers of the retarded from distant communities, led to the Diagnostic School at Children's Hospital. Affiliation with the Latin American Center of IRSEN helped establish contact with special education leaders in the Ministry of Public Education, teacher trainers from the

University of Costa Rica, and the Peace Corps.

There were limited opportunities to visit schools before the beginning of the long recess from November to March. The Diagnostic School at Children's Hospital, under the direction of Grace de Chavez, is operated under a psychocultural model, according to their own description. They do extensive evaluation, screening, and record keeping. Theirs is a remedial program, run on a part-time basis, serving 120 children enrolled in regular schools and referred for remedial work two afternoons a week in fine and gross motor areas or for non-attending and disruptive behaviors. On a few brief occasions there were observations of administration of an evaluation and parent conference and a small group of children engaged in music and rhythm activities.

Kindergarten classes for the mentally retarded in a regular school were visited, as was an orphanage whose residents attend regular school in the town, and where children from the regular school come to the orphanage for some remedial programs. A visit was made to a rehabilitation center serving physically handicapped and emotionally disturbed children.

The best example of mainstreaming seen all year was at the Pestalozzi School in Guadalupe, a suburb of San José. Lily, a thalidomide child who had previously spent two years at the rehabilitation center in San José--when her mother could get her there on the bus--was now enrolled in her neighborhood school. Friends, classmates, or family members could help her get there in the wheelchair donated by someone in the United States, and she was functioning as well as, and often better academically than her second grade classmates. What a cooperative effort was demonstrated by Lily's presence in that school--from Marlene Rodriguez at the Ministry, through the director of the rehabilitation center, the principal of the Pestalozzi School, and the warm and understanding teacher who wanted Lily in her class! And let's not forget Lily's family, especially her mother, who worked so hard to keep her child in the least restrictive environment.

Purposely there was no attempt to visit additional special education facilities, as almost anything would have been an anti-climax after Lily!

Midway in the Costa Rican stay, there was an opportunity to spend a week in Honduras, in support of the Vermont-Honduras Partners of the Americas. An invitation had been extended by a private special education school--Juana Leclerc in Tegucigalpa--under the direction of the dynamic and charismatic Olga Mendoza de Pauck. Juana Leclerc, sponsored mainly by private

funds, with minimal governmental support, has two separate programs, serving in the morning session children with mild mental retardation, hyperactivity, and behavior problems, and in the afternoon session learning disabled children who are otherwise enrolled in regular schools.

While in Honduras, visits were also made to CIRE (Centro de Investigacion y Rehabilitacion Especial), a rehabilitation center run by the Social Welfare Department. Enrollment at CIRE is comprised of mentally retarded and deaf students, about half in each category.

In addition to numerous informal and formal consultations with the faculty and parents of Juana Leclerc and CIRE, meetings were also held with members of the Psychology Department of the National Autonomous University of Honduras, with the president of the Honduras Partners of the Americas, and with the education director of the Peace Corps in Honduras, discussing future plans and activities for improvement of special education in the country. Strengthened awareness and dissemination activities seem crucial if special education opportunities are to expand in Honduras.

In Israel during the spring semester there was an affiliation with David Yellin Teachers College in Jerusalem, as a volunteer consultant. Yellin has a variety of training options in special education: elementary school education, a two-year program for teachers for mentally retarded children in residential institutions, and a one-year specialized program for certified kindergarten and elementary teachers and others with degrees in education and psychology training to be teachers of the mentally retarded and children with learning disabilities--with a small, but extremely dedicated staff, headed by Miriam Dayan, to work in this diversity of programs.

With faculty members from Yellin, visits were made to a variety of programs: the Eddy Schore School for mentally retarded, minimal brain damaged and emotionally disturbed children, supported by AKIM (Israel Association for Rehabilitation of the Mentally Handicapped), with kindergarten classes of preschool mentally retarded and an observation center.

A source of pride of a special education supervisor with whom several meetings were held are the therapeutic classes for the emotionally disturbed. There are sixty such classes in Jerusalem alone. These special classes are a type of resource room in a regular school, to which a small group of referred children is assigned for a two-hour period each day, spending the remainder of the school day in the regular classroom. The class of fourth and fifth graders observed had only six students with one teacher on the

day of the visit. The program was language-oriented, with group discussions, a puppet show, and "Distar"-type teaching going on, with alot of positive attention from the teacher. An interesting whispered comment by the supervisor was that these students are the class leaders when they are back in the regular classroom. The thought came, how sad that all of the students in the regular class can't have the benefit of the best teachers, who might, under a different system, train paraprofessionals to assist with ongoing classroom activities, with the master teacher concentrating on the language programs.

One nine-hour day was spent with a faculty member from Yellin, riding by jitney and bus, and then walking the last fifteen minutes, to see an institution for the retarded, whose nearest neighbors are Bedouins and camels. Is that integration and mainstreaming? Less than half the residents are receiving what may loosely be called education--with 15 teachers and numerous aides working with six groups of profoundly retarded, four trainable, and five educable. Interestingly, while visiting a classroom of 15-year old boys, there were observations of academic work almost at grade level being done by several of the boys, but on moving to the playroom, some of the students were engaged in very elementary play activities, like six-piece puzzles, under the direction of the two teachers, perhaps as a fine-motor task. However, the American-born and trained faculty member from Yellin used the materials, described as toys, as a teaching tool, developing recall and matching skills, one-to-one correlation, and the like. That prompted the thought as to how much imitation by the classroom teachers would result from her modeling.

Other visits included schools for learning disabled and minimal brain damaged children of normal intelligence, with small class size, a teacher and an aide assigned to each group, and often a student teacher as well. The aim of these schools, of which there are five in the country, is to give the referred students one or two years in this supportive environment of individual and group work, based on the regular curriculum, so they will then be able to function in regular classes. These schools have a wealth of resources available: psychiatrist, psychologist, social worker, speech therapist, occupational therapist, nurse, etc., as well as in-service training for the teachers under the excellent leadership and supervision of well-trained directors.

There can only be praise for the calibre of special education programs seen in Israel, and the extensive diagnostic and referral services described. One could wish that they were closer to providing that same excellent education in less restrictive environments, without the stigmatizing effect of labeling and segregation that appears prevalent. A note of encouragement is the strengthening of preschool screening programs in the immediate future, with special education training for all prospective kindergarten teachers, with the hope that early diagnosis will prevent the cumulative deficit which often results from neglect and lack of services.

During the stay in Jerusalem, it was possible to renew acquaintance with a former graduate student at the University of Vermont, who had worked on an independent study project in Vermont the year before. The extraordinary opportunity to interact, personally and professionally, with an educator from the West Bank afforded some of the high points of the year.

Political, social, and financial considerations appear to be responsible for the differences in special education services available in Israel and the West Bank. Arab education does fall under a special department in the Ministry of Education, and Arabs do receive assorted services from the Israeli government. There are Israeli sponsored centers for the crippled--in Bethlehem, for example. There is a center for autistic children in Jerusalem. Children needing hearing aids receive private help, or may go to the clinic at Hadassah Hospital. There is a recently formed center for the mentally retarded in East Jerusalem. And there are other limited services available. Two factors accounting for the paucity of services were explained as lack of qualified teachers available and the language problem as far as testing and speech were concerned. Both of those difficulties seem to be lessening now, with training programs for Arab teachers underway (at David Yellin Teachers College, for example, under a government grant) and recent translations of tests to be used for screening for blind, deaf, and mentally retarded.

In the main, services for the mentally retarded, and occasionally for the brain-damaged, emotionally disturbed and learning disabled children are provided in centers, run by private organizations in the West Bank. Social workers associated with the Ministry of Social Welfare make occasional visits to the centers. Usual class size in these special classes is 10 to 13 children to one teacher, with no assistants. That is in comparison to class size in a regular class of fifty children to one teacher,

and a long school day in regular schools, from 8:00 to 3:00. There is little wonder that so many students experience difficulty in learning and that repeaters and dropouts result. Many mentally retarded children are at home, unserved, and there are waiting lists at all the centers.

The funding pattern for the centers, as described, is 1% of expenses from the Israeli government, through the Ministry of Social Welfare; something larger than 1% from the Jordanian government, also through Social Welfare; and, for the center visited, there is also regular funding from Arabs in Kuwait and Saudi Arabia. But the bulk of the private funding (50-60%) comes from former residents of the community now living in the United States.

Other services available in the West Bank are vocational centers, privately funded, at which boys learn carpentry, carpet making, and wood carving, and the girls study home economics, embroidery, laundry, and hairdressing.

There was no opportunity to observe the programs firsthand, but, at a workshop for 45 teachers from the various centers, there was the sense of the problems from the multitude of questions.

Expressed needs are many. There is not enough trained personnel. There are no diagnostic centers; referrals come from doctors, teachers, parents, and neighbors. There are no psychologists or speech therapists. There is no genetic counseling. For example, it was pointed out that in one village and at the center visited, 60% of the mentally retarded children have parents who are related. There is a need for sheltered workshops for older youth.

One example of mainstreaming--probably one of the few--was described as the one Care Home in the West Bank, run by the Swedish Organization for Individual Relief, in which children rotate. They come to the Care Home for limited periods of time and for specific problems, with the aim that they will return home to their parents.

Three points were stressed in relation to special education in the West Bank:

1) The Israeli government appears to be doing more for centers in Israel than in the administered territories, from the standpoint of materials and trained personnel.

2) The Jordanian government is not helping fill the gap, with its minimal financial support.

3) Special education should be under the Ministry of Education, rather than Social Welfare, to promote higher standards in the training of teachers and other specialized personnel.

Thinking back on the exposure to special education in three different cultures, one could summarize quite simplistically by saying that the needs in special education are really universal. More and better trained personnel is needed. More adequate funding is needed if mainstreaming is to be successful. And, to accomplish the first two, there is a need to promote awareness of handicapping conditions and advocacy to support this potentially valuable segment of our society.